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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10874	
Facility Name:	Community Hospital of Los Gatos	
Address:	815 Pollard Road	
City:	Los Gatos	
Hospital Owner/Lice	ensee: El Camino Hospital	
Year of Rep	orting: 2010	
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	lress::	
Name of Sub	mitter: Kevin Ikeda	
Submission	Date: 1/25/2011 3:00:00 PM	

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Original Building / Outpatient	815 Pollard Road	Retrofit	SPC2	01/01/2015	12/31/2014
02	Generator Building	815 Pollard Road	Retrofit	SPC2	01/01/2015	12/31/2014
03	Unit 2 Addition / CCU Building	815 Pollard Road	Retrofit	SPC2	01/01/2015	12/31/2014

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ing Name: Original Building / Outpatie	ent	
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	20 Inpatient 0 Days	Surgical	X Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	16 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration X Support	Renal Dialysis Outpatient
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services X Obstetrical	Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02 Building Name: Generator Building					
Type of Service Prov	<u>rided</u>				
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery	
		Building	Jesaiean/Denv	Central Plant	

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03 Building Name: Unit 2 Addition / CCU Building						
Type of Service Prov	<u>vided</u>					
X Nursing	Inpatient Beds	49 Inpatient 0 Days	Surgical	Obstetrical Recovery		
X IntensiveCare	Inpatient Beds	8 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery		
		Total Beds this Building 57	Cesarean/Deliv	Central Plant		

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name:	Original Building / Outpatient		
Medical / Surgical (Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 20 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 14 Bed	Inpatient 432 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	2 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center	ı	Int. Care / developm Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	36	0

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name: Ger	nerator Building				
Medical / Surgical	(Include GYN)	Acute Respiratory	y Care	Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0		

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03 B	uilding Name: Unit 2	2 Addition / CCU Building		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 49 Bed	Inpatient 2982 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 8 Bed	Inpatient 573 Days	Inpatient 0 Bed	Inpatient 0 Days	57	57

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Original Building / Outpatient	
01A	Ambulatory Surgery Holding	Π
01B	Back-of-house Facility	П
01C	Back-of-house addition (freezer)	П
02	Generator Building	П
02A	Switch Gear Building	Π
03	Unit 2 Addition / CCU Building	Π
04	Surgery / Medical Center	Π
05	Administration Building	Ĭ
06	ICU Building	Π
07	Emergency	Π
08	Endoscopy	Ĭ
09	Entrance Canopy	Π
10	O.B.Gyn / Cancer Center	Ĭ
13	Rehabilitation Center	Ĭ
14	Emergency Generator Building	\Box
15	Rehab Center Addition 1	\Box
16	Rehab Center Addition 2	Ĭ
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 Buildi	ng Name: Ori	ginal Building / Outr	patient				
Type of Service Provided								
			Surgical	X Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	Nursing		Anesthesia			Renal Dialysis		
	IntensiveCare	X	Clinical Lab	X Obstetrical Recovery		Reliai Diaiysis		
	Pediatric/Adol escent			X Newborn/ WellBaby		Outpatient Surgery		
	Psychiatric Nursing		Radiological/ Imaging	wellbaby				
[v]	-	X	Pharmaceutical	Emergency		Central Plant		
X	Obstetrical Ante/Postprtum	X	Dietetic	X Nuclear Medicine	X	Support Services		
	Intermediate Care		Administration					
	Skilled Nursing							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	Generator Bu	uilding				
Type of Service Provided								
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthes	ia				
	IntensiveCare		_		Obstetrical Recovery		Renal Dialysis	
П	Pediatric/Adol	L	Clinical L	ab 🖂	N 1 /		Outpatient Surgery	
			Radiologi Imaging	ical/	Newborn/ WellBaby		Surgery	
Ц	Psychiatric Nursing		Pharmac	eutical	Emergency		Central Plant	
	Obstetrical Ante/Postprtu	ım		П	Nuclear		Support	
	,to// Cotpita		Dietetic		Medicine		Services	
	Intermediate Care		Administr	ration				
	Skilled Nursin	ıg						

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03 Buildir	ng Name: Unit 2 Addition / CCU	Building							
Type of Service Provided										
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
X	Nursing	Anesthesia								
X	IntensiveCare		Obstetrical Recovery		Renal Dialysis					
	Pediatric/Adol escent	Clinical Lab	Newborn/		Outpatient Surgery					
	Psychiatric	Radiological/ Imaging	W ellBaby							
	Nursing	Pharmaceutical	Emergency		Central Plant					
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine		Support Services					
	Intermediate Care	Administration								
П	Skilled Nursing									

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Building Number	r: 01	Building Na	me: Original Buildin	g / Outpatie	ent		
Configuration .	N/A						
Type of Servi	ice Provided						
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		E		Ocatal Black
	Intermediate	X	Dietetic		Emergency	Ш	Central Plant
	Care			X	Nuclear Medicine	X	Support Services
	Skilled Nursing		Administration				

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Building Number:	: 01A	Building Na	me: Ambulatory Su	rgery Holdir	ng		
Configuration .	N/A						
Type of Servi	ce Provided						
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic	_	Line.goney	_	Contract faint
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number	er: 01B	Building Na	me: Back-of-house Fa	acility			
Configuration	N/A						
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic		Line.goney	_	Comun Idin
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number:	01C	Building Na	me: Back-of-house	e addition (fre	eezer)		
Configuration:	N/A						
Type of Servic	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1 1	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	ntermediate care		Dietetic				
	killed Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number	er: 02	Building Na	me: Generator Buildir	ng		
Configuration	N/A					
Type of Serv	vice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate Care		Dietetic			
	Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Number:	02A	Building Na	me: Switch Gear Bu	uilding			
Configuration .	N/A						
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		F	[V]	Central Plant
	termediate		Dietetic		Emergency	X	Central Plant
	are				Nuclear Medicine		Support Services
SI	killed Nursing		Administration				

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Building Number	er: 03	Building Nar	me: Unit 2 Addition	/ CCU Build	ling		
Configuration :	N/A						
Type of Serv	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	_	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				22
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	04	Building Na	me: Surgery / Med	ical Center			
Configuration :	N/A						
Type of Service	ce Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
lr	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emorgonov		Central Plant
	ntermediate		Dietetic		Emergency	Ш	Central Flam
	Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

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Building Number:	05	Building Nar	me: Administration Bu	uilding		
Configuration .	N/A					
Type of Service	Provided					
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate		Dietetic		Lineigency	ochiai i iaiii
	are	X	Administration		Nuclear Medicine	Support Services
∐ Sk	killed Nursing					

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Building Number:	06	Building Na	me: ICU Building		
Configuration:	N/A				
Type of Service	ce Provided				
	Nursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X II	ntensiveCare		Anesthesia	Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery	
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency	Central Plant
	ntermediate		Dietetic		
	Care Skilled Nursing		Administration	Nuclear Medicine	Support Services

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Building Number:	07	Building Na	me: Emergency				
Configuration .	N/A						
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Jursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Inte/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	ntermediate		Dietetic	_	Lineigeney	<u></u>	Contract faint
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	08	Building Na	me: Endoscopy		
Configuration .	N/A				
Type of Service	Provided				
☐ Nu	ursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	tensiveCare		Anesthesia	Obstetrical	Renal Dialysis
	ediatric/Adol cent		Clinical Lab	Recovery	
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical	Emergeney	Central Plant
	termediate		Dietetic	Emergency	Central Plant
	are			Nuclear Medicine	Support Services
Sk	killed Nursing		Administration		

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Building Numbe	er: 09	Building Na	me: Entrance Canopy	/			
Configuration	N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	_	Lineigonoy	_	Contract faint
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	10	Building Na	me: O.B.Gyn / Cance	r Contor		
building Number.		building ival	ne. O.B.Gyn / Cance	Center		
Configuration .	N/A					
Type of Service	e Provided					_
X Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate		Dietetic			
	are killed Nursing		Administration		Nuclear Medicine	Support Services

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Building Numbe	r: 13	Building Na	me: Rehabilitation	Center			
Configuration .	N/A						
Type of Serv	rice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	_		_	ooarrian
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	: 14	Building Na	me: Emergency Ger	nerator Buil	ding		
Configuration .	N/A						
Type of Servi	ce Provided						
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic		Emergency		Contrar Frant
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number	: 15	Building Na	me: Rehab Center A	Addition 1			
Configuration .	N/A						
Type of Servi	ce Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	_	Lineigoney		Contrain faint
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	16	Building Nar	me: Rehab Center Ado	dition 2			
Configuration N/A							
Type of Service Provided							
X	lursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
-	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate Care		Dietetic				2
	skilled Nursing		Administration		Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 01A Building Name: Ambulatory Surgery Holding							
Type of Service Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveC	are Inpatient Beds	0		Anesthesia			
Pediatric/A escent	dol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery	
Obstetrical Ante/Postp	•	0		Pharmaceutical	Emergency	Central Plant	
Intermedia Care	te Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
Skilled Nur	sing Inpatient Beds	0		Administration			
Total Beds Building	this	0					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 01B Building Name: Back-of-house Facility							
Type of Service Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant	
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services	
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 010	Buildin	g Name: Ba	ck-of-house addition (freezer)				
Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services		
Skilled Nursing	Inpatient Beds	0	Administration				
Total Beds this Building		0					

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Building Number: 02	2A Buildir	ng Name: Sw	ritch Gear Building						
Type of Service Provided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtun	Inpatient n Beds	0	Pharmaceutical	Emergency	X Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient Beds	0	Administration						
Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Numb									
Type of Service Provided									
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
Intensiv	veCare Inpatient Beds	0	X	Anesthesia					
Pediatri escent	ic/Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychia Nursing		0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetr Ante/Po	ical Inpatient ostprtum Beds	0		Pharmaceutical	Emergency	Central Plant			
Interme Care	ediate Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
Skilled	Nursing Inpatient Beds	0		Administration					
Total Bo Building	l l	0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building	y Number: 05	Building	Name: Adr	ninistratior	n Building				
Type of Service Provided									
	lursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
☐ Ir	ntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	ntermediate Care	Inpatient Beds	0	Ц	Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	otal Beds this Building		0						

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Buildi	ng Number: 06	Building	Name: ICI	J Building					
Тур	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	7		Anesthesia				
П	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		7						

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Building N	Number: 07	Building	Name: En	nergency					
Type of	Type of Service Provided								
Nu	ırsing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Into	ensiveCare	Inpatient Beds	0		Anesthesia				
1 1	ediatric/Adol cent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	ychiatric ırsing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	ostetrical ite/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant		
Into	ermediate are	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Sk	illed Nursing	Inpatient Beds	0		Administration				
_	tal Beds this ilding		0						

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Building Number: 08									
Type of Service Provided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient Beds	0	Administration						
Total Beds this Building		0							

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Building Number: 09					
Type of Service Prov					
Nursing	Inpatient [Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient [Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient [Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient [Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient [Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient [Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient [Beds	0	Administration		
Total Beds this Building	0				

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 10 Building Name: O.B.Gyn / Cancer Center						
Type of Service	e Provided					
X Nursing	Inpatient Beds	13		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveC	Care Inpatient Beds	0		Anesthesia		
Pediatric/#	Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	c Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrica Ante/Post		0		Pharmaceutical	Emergency	Central Plant
Intermedia Care	ate Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
Skilled Nu	rsing Inpatient Beds	0		Administration		
Total Beds Building	s this	13				

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	13 Buildin	ng Name: Re	habilitation C	Center				
Type of Service	Type of Service Provided							
X Nursing	Inpatient Beds	20	:	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
IntensiveCa	are Inpatient Beds	0		Anesthesia				
Pediatric/Adescent	dol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postpr	Inpatient rtum Beds	0	F	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	e Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Skilled Nurs	sing Inpatient Beds	0		Administration				
Total Beds Building	this	20						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 14	Buildir	ng Name: En	nergency Generator Building		
Type of Service Pro	<u>vided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	Building Number: 15 Building Name: Rehab Center Addition 1						
Туре	e of Service Prov	<u>ided</u>					
X	Nursing	Inpatient Beds	8		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		8				

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	Building Number: 16 Building Name: Rehab Center Addition 2						
Тур	e of Service Prov	<u>rided</u>					
X	Nursing	Inpatient Beds	2		Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		2				

Report Status: **Data Last Update:** 01/04/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

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Building Number:	01A Bui	Iding Name: Amb	oulatory Surgery Holding		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	11B Build	ing Name: Back	c-of-house Facility		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	D1C Build	ing Name: Back	c-of-house addition (freez	er)	
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	D2A Build	ling Name: Swite	ch Gear Building		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	ent 0
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	ent 0
Coronary Care		Chemical Dependency		Building Per Bui	al Beds this Iding Per vice
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	04 Build	ling Name: Surg	ery / Medical Center		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	05 E	Building Name: Adm	inistration Building	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0 0

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Building Number:	Build	ing Name: ICU	Building		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 7 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	7	7

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Building Number:	7 Build	ing Name: Eme	rgency		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	08 Build	ding Name: Endoscopy	
Medical / Surgical (Include GYN)		Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds this Building Per Unit Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0	0 0

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Building Number:	9 Build	ing Name: Entra	ance Canopy		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	10 Buil	ding Name: O.B.Gyn / Ca	ncer Center		
Medical / Surgical (Include GYN)		Acute Respiratory Care	Acute Psy	Acute Psychiatric	
Inpatient 13 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0 Inpatient Bed	0 Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)		Burn	Skilled Nu	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0 Inpatient Bed	0 Inpatient 0 Days	
Pediatric		intensive Care Newborn Nursery	Intermedia	te Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0 Inpatient Bed	0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center	Int. Care / ODisabled	development	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0 Inpatient Bed	0 Inpatient 0 Days	
Coronary Care		Chemical Dependency	Total Beds Building P Unit		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatie Bed Days	nt 0	13 13	

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Building Number:	Build	ing Name: Reha	abilitation Center		
Medical / Surgical (Include GYN)		Acute Respiratory	Acute Respiratory Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inp	patient 0
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		patient 0
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inp	patient 0
Intensive Care		Rehabilitation Center		Int. Care / developmen Disabled	t
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 20 Bed	Inpatient 0 Days	Inpatient 0 Inp	patient 0
Coronary Care		Chemical Dependency		Building Per	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	20	23

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Building Number:	Build	ing Name: Eme	rgency Generator Buildin	g	
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number: 1	5 Build	ing Name: Reha	ab Center Addition 1		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Acute Respiratory Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 8 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	8	0

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Community Hospital of Los Gatos

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Building Number: 1	6 Build	ing Name: Reha	ab Center Addition 2		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse Nev	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 2 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	2	0